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CONFIRMATION NO. 6694

<b>SERIAL NUMBER</b> 10/510,996	<b>FILING OR 371(c) DATE</b> 07/20/2005 <b>RULE</b>	<b>CLASS</b> 005	<b>GROUP ART UNIT</b> 3673	<b>ATTORNEY DOCKET NO.</b> 7175-202356
<b>APPLICANTS</b> Carl William Riley, Milan, IN; Keith Adam Huster, Sunman, IN; Greg Figel, Sunman, IN; Irvin J. Vanderpohl III, Greensburg, IN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/12166 04/21/2003 which claims benefit of 60/373,819 04/19/2002 and claims benefit of 60/408,698 09/06/2002 <i>O.K.R.S.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none R.S.</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Robert L. Santolucito, Jr.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 94
				<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> 69781				
<b>TITLE</b> Hospital bed obstacle detection device and method				
<b>FILING FEE RECEIVED</b> 3028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	